

F980000004307

DEPARTMENT OF STATE
ACCOUNT FILING COVER SHEET

ACCOUNT NUMBER: FCA-000000017

REFERENCE: _____
(Sub Account)

DATE: 7/22/98

REQUESTOR NAME: CARLTON FIELDS

ADDRESS: P. O. BOX 190

TALLAHASSEE, FL 32302

TELEPHONE: (850) 224-1585

CONTACT NAME: AILSA

CORPORATION NAME: SEAVEST, INC. 500002597925-8
-07/24/98-01075-017
*****70.00 *****70.00

6198-16906

ENTITY NUMBER: _____
(if applicable)

AUTHORIZATION: Ailsa Anelista

<input type="checkbox"/> Certified Copy (1-9)	<input type="checkbox"/> UCC'S	<input type="checkbox"/> Certificate of Status
<input checked="" type="checkbox"/> New Filings	<input type="checkbox"/> Plain Stamped Copy	<input type="checkbox"/> Annual Report
<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> Amendments	<input type="checkbox"/> Registration
<input type="checkbox"/> Call When Ready	<input checked="" type="checkbox"/> Call if Problem	<input type="checkbox"/> After 4:30
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input type="checkbox"/> Pick Up
<input type="checkbox"/> Mail Out		

Y#58890.1

Transmittal letter
Application

7/28

FILED
98 JUL 28 PM 3:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
JUL 24 1998
11:14

TRANSMITTAL LETTER

TO: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: SEAVEST, INC.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

LYNDA J. HARRIS, ESQ.
(Name of Person)

CARLTON FIELDS

(Firm/Company)

222 LAKEVIEW AVENUE, SUITE 1400

(Address)

WEST PALM BEACH, FLORIDA 33401

(City/State/Zip)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

98 JUL 28 PM 3:54

FILED

Should you need to call someone concerning this matter, please call:

LYNDA J. HARRIS, ESQ.
(Name of Person)

at (561) 659-7070
(Area Code & Daytime Telephone Number)

COURIER ADDRESS:

Qualification/Tax Lien Sec.
Division of Corporations
409 E. Gaines St
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

July 24, 1998

CARLTON FIELDS

SUBJECT: SEAVEST, INC.
Ref. Number: W98000016906

RECEIVED
98 JUL 28 PM 3:32
98 JUL 28 PM 3:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for SEAVEST, INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6097.

Michael Mays
Document Specialist

Letter Number: 798A00039266



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

FILED
98 JUL 28 PM 3:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RESOLUTION OF BOARD OF DIRECTORS

I, the undersigned DONNA TOOKANIAN, do hereby certify
that this Resolution of the Board of Directors of SEAVEST, INC.

a corporation duly organized and existing under the laws of the State of NEW YORK,
was duly adopted on JULY 24,, 19 98.

Resolved, that SEAVEST, INC., organized
and existing in the State of NEW YORK, hereby adopts the
name Seavest Associates of Florida, Inc.
for use in Florida.

Dated: JULY, 1998

Signature of at least one director
DONNA TOOKANIAN, SECRETARY

DNH515(3/95)

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION
TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE
STATE OF FLORIDA:

1. SEAVEST, INC.
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. NEW YORK
(State or country under the law of which it is incorporated)

3. _____
(FEI number, if applicable)

4. 4-21-95
(Date of Incorporation)

5. PERPETUAL
(Duration: Year corp. will cease to exist or "perpetual")

6. UPON APPROVAL OF APPLICATION
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))

7. 707 WESTCHESTER AVENUE
WHITE PLAINS, NEW YORK 10604
(Current mailing address)

FILED
98 JUL 28 PM 3:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8. REAL ESTATE OWNERSHIP, OPERATION, MANAGEMENT AND DEVELOPMENT
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: LYNDA J. HARRIS

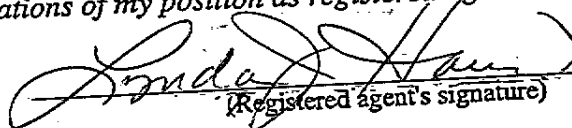
Office Address: 222 LAKEVIEW AVENUE, SUITE 1400

WEST PALM BEACH

, Florida, 33401
(Zip Code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors: (Street address ONLY - P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: RICHARD D. SEGAL

Address: 707 WESTCHESTER AVENUE
WHITE PLAINS, NEW YORK 10604

Vice Chairman: RAYMOND A. LAMONTAGNE

Address: 707 WESTCHESTER AVENUE
WHITE PLAINS, NEW YORK 10604

Director: RICHARD D. SEGAL

Address: 707 WESTCHESTER AVENUE
WHITE PLAINS, NEW YORK 10604

Director: RAYMOND A. LAMONTAGNE

Address: 707 WESTCHESTER, NEW YORK 10604

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: _____

Address: 707 WESTCHESTER AVENUE
WHITE PLAINS, NEW YORK 10604

Vice President: _____

Address: _____

Secretary: DONNA TOOKMANIAN

Address: 707 WESTCHESTER AVENUE
WHITE PLAINS, NEW YORK 10604

Treasurer: DONNA TOOKMANIAN

Address: 707 WESTCHESTER AVENUE
WHITE PLAINS, NEW YORK 10604

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. RICHARD D. SEGAL, CHAIRMAN

(Typed or printed name and capacity of person signing application)

98 JUL 28 PM 3:54
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

State of New York
Department of State

ss:

I hereby certify, that the certificate of incorporation of SEAVEST INC. was filed on 04/23/1981, with perpetual duration, and that a diligent examination has been made of the index of corporation papers filed in this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

Witness my hand and the official seal
of the Department of State at the City
of Albany, this 22nd day of July
one thousand nine hundred and
ninety-eight.



199807230208 40

FILED
98 JUL 28 PM 3:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA